MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10327

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 2919

City Stoney (No. City Hospital) St. .... Ward)

2. FULL NAME Mrs. Mary Vogelsang

(a) Residence. No. 3127 Henrietta St. 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female / 4. COLOR OR RACE White / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed	16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1927
5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17. I HEREBY CERTIFY, That I attended deceased from March 14 1927, to March 24 1927, that I last saw h... alive on March 24 1927, and that death occurred, on the date stated above, at 1150 a. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1861	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE Years 65 Months 2 Days 28 If LESS than 1 day, ...hrs. or ......min.	Apoplexy Cerebral Hemorrhage (duration) ......yrs. ......mos. ......ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) ...... (duration) ......yrs. ......mos. ......ds. 74a
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
10. NAME OF FATHER Louis Doebler	Did an operation precede death? ...... Date of ......
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	Was there an autopsy? ...... What test confirmed diagnosis? ......
12. MAIDEN NAME OF MOTHER Louise Unknown	(Signed) B. M. Smith, M. D. 3/25, 1927 (Address) City Hospital
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14. INFORMANT ~~Hospital Informant~~ Records (Address) City Hospital	19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews / DATE OF BURIAL Mar 26 1927
15. FILED ...25 1927 Max C. Starkloff REGISTRAR	20. UNDERTAKER Hauck & Schmitt / ADDRESS 3732 S. Grand Bl.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Vogelsang.